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01- R-1259

Entered - 7-23-01 - sb
01L0475 - ALEXIS HOLMES

CLAIM OF: **JAMES A. MOSHER**
567 Grant Street
Atlanta, Georgia 30312

For damages alleged to have been sustained as a result of a vehicular
accident on June 28, 2001 at I-75-85 Northbound Expressway, SW.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0475

Date: 8/1/01

Claimant /Victim JAMES A. MOSHER

BY: (Atty) _____

Address: 567 Grant Street Atlanta, Georgia 30312

Subrogation: _____ Claim for Property damage \$ 9,475.06 Bodily Injury \$ _____

Date of Notice: 7/11/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/28/01 Place: I 75-85 Northbound Expressway, SW

Department Public Works Division: Sewer Operations

Employee involved Wendzell D. Handspike Disciplinary Action: Pending

NATURE OF CLAIM: The claimant sustained damage to his vehicle when he was struck from behind by a City vehicle that was experiencing brake problems. The claimant has elected to be reimbursed by his insurance carrier for his damages.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver Pending Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

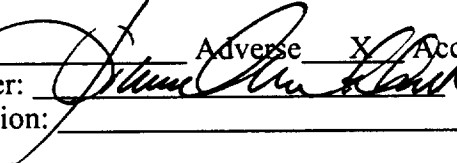
Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-01-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK,
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Holmes
6/22/01

RECEIVED

JUL 11 2001

Today's Date: 7-6-01

MUNICIPAL CLERK

ENTERED - 7-23-01 - SB
01L0475 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 9,475⁰⁶ + Rental Car fee property and/or \$ undetermined bodily injury for which I contend the City is liable.

1. Date of incident: 06/28/01 2. Time of Incident: 9:40AM 3. Police called: ✓
(month/day/year) Yes No

4. Location of incident (including street address): I 75 No. Bound BEFORE Edgewood Ave Exit

5. Name of your insurance company: AIW INSURANCE Co Policy No. 901-03-77

6. State what and how incident occurred: MY CAR WAS STOPPED IN TRAFFIC. CITY DUMP TRUCK RAN INTO BACK OF CAR WHICH PUSHED IT FORWARD & THEN HIT ME AGAIN. HE WAS TRAVELLING FREWAY SPEED + THE CAR + I TOOK A SEVERE JOLT - HE, THE DRIVER OF THE TRUCK SAID HIS BRAKES FAILED.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: LINCOLN TOWN CAR 923PXE 028057855
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: WENDZELL HANDSPIKE PUBLIC WORKS SEWER
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

James A. Mosher
Signature of Claimant

JAMES A. MOSHER
(Print Claimant's Name)

567 GRANT ST
(Address)

ATLANTA, Ga. 30312
(City, State and Zip Code)

C) 404 = 234-4416 H) 404 = 223-3537
(Work Number) (Home Number)

01-R-1259

C) 234-4416